

## Best Available Copy

## PART B - ISSUE FEE TRANSMITTAL

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MAY 06 1999

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LM11/0210

FRISHAUF HOLTZ GOODMAN  
LANGER & CHICK  
767 THIRD AVENUE  
25TH FLOOR  
NEW YORK NY 10017

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Villani

(Depositor's name)

*Villani* (Signature)

May 3, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/709,325	09/04/96	018	LUTHER, W	2731 02/10/99

First Named **KLOK,**  
Applicant

35 USC 154(b) term ext. = 0 Days.

TITLE OR COMMUNICATION SYSTEM FOR INTERACTIVE SERVICES WITH A PACKET SWITCHING  
INVENTION INTERACTION CHANNEL OVER A NARROW-BAND CIRCUIT SWITCHING NETWORK, AS  
WELL AS A DEVICE FOR APPLICATION IN SUCH A COMMUNICATION SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 960464/LH	370-352.000	093	UTILITY	NO	\$1210.00	05/10/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

1. FRISHAUF, HOLTZ,  
GOODMAN, LANGER &  
2. CHICK

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Koninklijke KPN N.V.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Groningen, the Netherlands

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Leonard Holtz 22,974

May 3, 1999

NOTE: The issue fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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